



Immunization History

Required immunizations must be determined locally. This is a record of dates of basic immunizations and most recent booster doses.

DPT _____	Booster _____
Polio (Sabin) _____	Booster _____
Measles Vaccine (live) _____	German Measles (Rubella) _____
Smallpox _____	Tetanus Booster _____
Typhoid _____	Tuberculin Test _____
Mumps Vaccine (live) _____	other _____

Restrictions or Limitations

Please list any restrictions or limitations while at this camp for this camper:

\_\_\_\_\_

\*\* A summer camp participant shall not be permitted to attend a particular camp unless this camp health form, or similar document, is completed and returned to the appropriate camp staff no later than the day of registration.

**RELEASE & CONSENT**

**CINCINNATI SOCCER ACADEMY AGREEMENT**

Cincinnati Soccer Academy is sponsored and run by Coach Dayes, and it may be held at the University of Cincinnati and use some of the University's facilities. However, Cincinnati Soccer Academy is not sponsored or run by the University, and Coach and Coach's assistants are not employees or agents of the University in their operating the camp.

Please read the following agreement carefully before signing. Although camp participation is encouraged, it is encouraged only if health and safety are considered.

**CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:**

1. I understand that a risk of participating in any sport, including [summer camp], is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the summer camp coaches or assistants as soon as the problem begins.

2. By signing below, I certify the following:

--That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in the summer camp;

--That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his or her safe participation in the summer camp;

--That my child has no history of fainting or other problems related to strenuous exercise; and

--That my child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENTS:**

1. By my signature below, I hereby give permission for [camp] and its employees and agents to obtain medical treatment for my child, \_\_\_\_\_, in the event of accident or illness during his/her presence at the camp.

2. By my signature below, I hereby give consent to have my child be photographed or video- or audio-taped during camp activities, and I agree that the images so obtained may be used for educational and public relations purposes by [camp].

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

LIABILITY RELEASE FORM – Page 3 of 3

**RELEASE:**

1. In consideration for accepting my child into [camp], which uses University facilities, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her participation at the camp. I also certify that I have health insurance, which provides adequate coverage for injuries or illness my child may sustain while participating in [camp]

2. By my signature below, I also agree to release and promise not to sue the State of Ohio, the University of Cincinnati, or their employees or agents, for any damages, loss, injury, or death arising from my child's participation in [camp], unless such damages, loss, injury or death are caused by the gross negligence or intentional gross misconduct of such employees or agents.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**CSA RELEASE AND WAIVER OF LIABILITY**

In consideration of the Camper named in the attached Medical Consent Form being permitted to participate in any way in a soccer camp or other activity of the Cincinnati Soccer Academy ("Activity") I, for myself, the Camper, and any respective legal guardians, agree and represent that I understand the nature of the Activity and that the Camper is qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and represent that if at any time I believe the Activity to be unsafe for the Camper for any reason, that the Camper will immediately discontinue further participation in the Activity. I fully understand that the Activity involves risks and dangers of serious bodily injury, dangers may be caused by the action or inaction of the Camper's, other campers, or the "Activity Parties" named below; and I fully accept and assume all such risks and all responsibility for all injuries, losses, costs, and damages the Camper may incur as a result of participation in the Activity, and I hereby release, discharge, and covenant not to sue Cincinnati Soccer Academy, LLC, the University of Cincinnati, and their respective administrators, directors, agents, officers, members, volunteers and employees, other campers, (each considered one of the "Activity Parties" herein) from all liability, claims, demands, losses, or damages caused or alleged to be caused in whole or in part, directly or indirectly, by the Activity Parties.

I HAVE READ THIS WAIVER AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING BELOW AND HAVE SIGNED FREELY, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY OF THE ACTIVITY PARTIES NAMED IN THIS WAIVER.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Or Camper, if Camper is 18 years of age or older)